Application or Docket Number

1/1387

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		THAN
TOTAL CLANIC			(Column 1)		(Column 2)		T	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			44					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		6	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			44 minus 20=		• 24		ł	X\$ 9=		OR	X\$18=	422
INDEPENDENT CLAIMS			/ minus 3 =		d		Γ	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
• If the difference in column 1 is less than zero, enter "0"					"0" in c	olumn 2	L	TOTAL		OR	TOŤĄL	1192
4-7-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										•	OTHER	
7.	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	addi- tional fee
	Total	• 44	Minus	4	4_	°		X\$ 9-	•	OR	X\$18=	
	Independent	ATTATION OF M	Minus		3	<u> </u>		X42=	\	OR	X84≖	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								YOTAL	1		TOTAL	-
/ 1 / 6 - 7 (Column 1) (Column 2) (Column 3)								DDIT. FEE		JO.,	ADDIT. FEE	
广		CLAIMS	<u> </u>	High		(Column 3)			100:	1		
AMENOMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus	** 4	14	•	lΓ	X\$ 9=		OR	X\$18=	
AME	Independent	• /	Minus	****	3	=		X42=		OR	X84=	
	riiioi rrese	NATION OF INC	JETIF CE DEF	CUDENI	CLAIM		۱۲	+140=		OR	+280=	
								TOTAL		OR	YOTAL	
S 2907												
	•	CLAIMS		(Colur		(Column 3)	. ~		·			
NOMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT - EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠ 29	Minus	• 6	14	c		X\$ 9=		OR	X\$18=	
AME	Independent	•)	Minus	***	3	-		X42≈		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										U n		 -
." If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								+140= TOTAL		OR	+280=	
	f the "Highest Nut If the "Highest Nu	mber Previously Pe mber Previously Pa	id For IN THE	S SPACE L S SPACE L	s less than s less than	n 20, enter "20." n 3. enter "3."	~~	DIT, FEE L			ADDIT, FEE	
	The "Highest Num	nber Previously Pai	o For' (Total or	Independe	eni) is the	highest numbe	r founi	d in the app	ropriate box	in col	iumn 1,	